

<b>United States Bankruptcy Court Northern District of Illinois</b>							<b>Voluntary Petition</b>																						
Name of Debtor (if individual, enter Last, First, Middle): <b>McGranahan, Cecil L</b>				Name of Joint Debtor (Spouse) (Last, First, Middle): <b>McGranahan, Connie K</b>																									
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):																									
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>8448</b>				Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>0348</b>																									
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>310 N River Rd McHenry, IL</b>				Street Address of Joint Debtor (No. & Street, City, State & Zip Code): <b>310 N River Rd McHenry, IL</b>																									
ZIPCODE <b>60051-9241</b>				ZIPCODE <b>60051-9241</b>																									
County of Residence or of the Principal Place of Business: <b>McHenry</b>				County of Residence or of the Principal Place of Business: <b>McHenry</b>																									
Mailing Address of Debtor (if different from street address):				Mailing Address of Joint Debtor (if different from street address):																									
ZIPCODE				ZIPCODE																									
Location of Principal Assets of Business Debtor (if different from street address above):																													
ZIPCODE																													
<b>Type of Debtor</b> (Form of Organization) (Check <b>one</b> box.)  <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)  _____			<b>Nature of Business</b> (Check <b>one</b> box.)  <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other  _____			<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check <b>one</b> box.)  <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 15 Petition for <input type="checkbox"/> Chapter 9      Recognition of a Foreign <input type="checkbox"/> Chapter 11      Main Proceeding <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 15 Petition for <input type="checkbox"/> Chapter 13      Recognition of a Foreign Nonmain Proceeding  <b>Nature of Debts</b> (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer <input type="checkbox"/> Debts are primarily debts, defined in 11 U.S.C.      business debts. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose."																							
<b>Filing Fee</b> (Check one box)  <input checked="" type="checkbox"/> Full Filing Fee attached  <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.  <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.					<b>Chapter 11 Debtors</b>  <b>Check one box:</b> <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).  <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000. ----- <b>Check all applicable boxes:</b> <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).																								
<b>Statistical/Administrative Information</b> <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.									<b>THIS SPACE IS FOR COURT USE ONLY</b>																				
Estimated Number of Creditors <table style="width:100%; border: none;"><tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>1-49</td><td>50-99</td><td>100-199</td><td>200-999</td><td>1,000- 5,000</td><td>5,001- 10,000</td><td>10,001- 25,000</td><td>25,001- 50,000</td><td>50,001- 100,000</td><td>Over 100,000</td></tr></table>										<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-49	50-99	100-199	200-999	1,000- 5,000	5,001- 10,000	10,001- 25,000	25,001- 50,000	50,001- 100,000	Over 100,000
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Estimated Assets <table style="width:100%; border: none;"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>\$0 to \$50,000</td><td>\$50,001 to \$100,000</td><td>\$100,001 to \$500,000</td><td>\$500,001 to \$1 million</td><td>\$1,000,001 to \$10 million</td><td>\$10,000,001 to \$50 million</td><td>\$50,000,001 to \$100 million</td><td>\$100,000,001 to \$500 million</td><td>\$500,000,001 to \$1 billion</td><td>More than \$1 billion</td></tr></table>									<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion	
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<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <b>McGranahan, Cecil L &amp; McGranahan, Connie K</b>	
<b>Prior Bankruptcy Case Filed Within Last 8 Years</b> (If more than two, attach additional sheet)			
Location Where Filed: <b>None</b>	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet)			
Name of Debtor: <b>None</b>	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
<div style="text-align: center;"><b>Exhibit A</b></div> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		<div style="text-align: center;"><b>Exhibit B</b></div> (To be completed if debtor is an individual whose debts are primarily consumer debts.)  I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code.  <div style="display: flex; justify-content: space-between;"> <span><b>X</b> <u>/s/ Troy L Gleason</u></span> <span><b>8/13/08</b></span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Signature of Attorney for Debtor(s)</span> <span>Date</span> </div>	
<b>Exhibit C</b>			
Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?			
<input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
<b>Exhibit D</b>			
(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.  If this is a joint petition: <input checked="" type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition.			
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box.)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.  <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.  <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes.)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)  <div style="text-align: center; margin-bottom: 10px;"> _____  (Name of landlord or lessor that obtained judgment) </div> <div style="text-align: center; margin-bottom: 10px;"> _____  (Address of landlord or lessor) </div> <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and  <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.  <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <b>McGranahan, Cecil L &amp; McGranahan, Connie K</b>	
<b>Signatures</b>			
<b>Signature(s) of Debtor(s) (Individual/Joint)</b>  I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  <b>X /s/ Cecil L McGranahan</b> Signature of Debtor <b>Cecil L McGranahan</b>  <b>X /s/ Connie K McGranahan</b> Signature of Joint Debtor <b>Connie K McGranahan</b>  Telephone Number (If not represented by attorney)  <b>August 13, 2008</b> Date		<b>Signature of a Foreign Representative</b>  I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only <b>one</b> box.)  <input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.  <input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.  <b>X</b> _____ Signature of Foreign Representative  _____ Printed Name of Foreign Representative  _____ Date	
<b>Signature of Attorney*</b>  <b>X /s/ Troy L Gleason</b> Signature of Attorney for Debtor(s) <b>Troy L Gleason 6276510</b> Printed Name of Attorney for Debtor(s) <b>Gleason &amp; Gleason</b> Firm Name <b>77 W Washington, Ste 1218</b> Address <b>Chicago, IL 60602</b> <b>(312) 578-9530</b> Telephone Number <b>August 13, 2008</b> Date  *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.		<b>Signature of Non-Attorney Petition Preparer</b>  I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.  _____ Printed Name and title, if any, of Bankruptcy Petition Preparer  _____ Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)  _____ Address  <b>X</b> _____ Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.  _____ Date  Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:    If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. <i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.</i>	
<b>Signature of Debtor (Corporation/Partnership)</b>  I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.  The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.  <b>X</b> _____ Signature of Authorized Individual  _____ Printed Name of Authorized Individual  _____ Title of Authorized Individual  _____ Date			

**NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b)  
OF THE BANKRUPTCY CODE**

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In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

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**1. Services Available from Credit Counseling Agencies**

**With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis.** The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

**Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)**

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a “means test” designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)**

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in instalments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them,

using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

### **Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

### **Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

### **3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

### **Certificate of [Non-Attorney] Bankruptcy Petition Preparer**

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

\_\_\_\_\_  
Printed Name and title, if any, of Bankruptcy Petition Preparer  
Address:

\_\_\_\_\_  
Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)  
(Required by 11 U.S.C. § 110.)

**X** \_\_\_\_\_

Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

### **Certificate of the Debtor**

I (We), the debtor(s), affirm that I (we) have received and read this notice.

**McGranahan, Cecil L & McGranahan, Connie K**

Printed Name(s) of Debtor(s)

**X /s/ Cecil L McGranahan**

Signature of Debtor

**8/13/2008**

Date

Case No. (if known) \_\_\_\_\_

**X /s/ Connie K McGranahan**

Signature of Joint Debtor (if any)

**8/13/2008**

Date

IN RE:

McGranahan, Cecil L

Case No. \_\_\_\_\_

Chapter 7

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE  
WITH CREDIT COUNSELING REQUIREMENT**

**Warning:** You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors collection activities.

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.] [Summarize exigent circumstances here.]*

**If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Cecil L McGranahan

Date: August 13, 2008

IN RE:

McGranahan, Connie K

Case No. \_\_\_\_\_

Chapter 7

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE  
WITH CREDIT COUNSELING REQUIREMENT**

**Warning:** You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors collection activities.

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.] [Summarize exigent circumstances here.]*

**If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Connie K McGranahan

Date: August 13, 2008

IN RE:

Case No. \_\_\_\_\_

**McGranahan, Cecil L & McGranahan, Connie K**

Chapter 7

Debtor(s)

### SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NUMBER OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 150,000.00		
B - Personal Property	Yes	3	\$ 7,350.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 216,067.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	14		\$ 136,297.13	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			\$ 0.00
J - Current Expenditures of Individual Debtor(s)	Yes	1			\$ 2,771.50
TOTAL		25	\$ 157,350.00	\$ 352,364.13	



IN RE:

Case No. \_\_\_\_\_

McGranahan, Cecil L & McGranahan, Connie K

Chapter 7

Debtor(s)

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
<b>TOTAL</b>	<b>\$ 0.00</b>

**State the following:**

Average Income (from Schedule I, Line 16)	\$ 0.00
Average Expenses (from Schedule J, Line 18)	\$ 2,771.50
Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C Line 20 )	\$ 0.00

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 66,067.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 136,297.13
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 202,364.13

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Residence at: 310 N River Rd McHenry, IL 60051-9241		J	150,000.00	216,067.00

TOTAL150,000.00

(Report also on Summary of Schedules)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.	X	Checking	J	2,000.00
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.				
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, include audio, video, and computer equipment.		Normal and necessary household goods, including but not limited to: TV, chairs, sofas, tables, bedroom furniture, some kitchen appliances, costume jewelry less than \$500 each piece	J	1,000.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.				
7. Furs and jewelry.	X	Clothing		200.00
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issue.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			

IN RE **McGranahan, Cecil L & McGranahan, Connie K**

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	<b>X</b>			
16. Accounts receivable.	<b>X</b>			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<b>X</b>			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		<b>91 VW Jetta - not running</b>	<b>J</b>	<b>500.00</b>
		<b>93 Volvo 960 - 326,000 miles</b>	<b>J</b>	<b>500.00</b>
		<b>97 Dodge Van - 137,000 miles</b>	<b>J</b>	<b>1,000.00</b>
		<b>99 Honda Accord</b>	<b>J</b>	<b>2,150.00</b>
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.	<b>X</b>			
29. Machinery, fixtures, equipment, and supplies used in business.	<b>X</b>			
30. Inventory.	<b>X</b>			

IN RE McGranahan, Cecil L & McGranahan, Connie K

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
31. Animals.	<b>X</b>			
32. Crops - growing or harvested. Give particulars.	<b>X</b>			
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			
35. Other personal property of any kind not already listed. Itemize.	<b>X</b>			
<b>TOTAL</b>				<b>7,350.00</b>

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:
(Check one box)
[ ] Check if debtor claims a homestead exemption that exceeds \$136,875.

- [ ] 11 U.S.C. § 522(b)(2)
- [x] 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
<b>SCHEDULE A - REAL PROPERTY</b>			
Residence at: 310 N River Rd McHenry, IL 60051-9241	735 ILCS 5 §12-901	30,000.00	150,000.00
<b>SCHEDULE B - PERSONAL PROPERTY</b>			
Checking	735 ILCS 5 §12-1001(b)	2,000.00	2,000.00
Normal and necessary household goods, including but not limited to: TV, chairs, sofas, tables, bedroom furniture, some kitchen appliances, costume jewelry less than \$500 each piece	735 ILCS 5 §12-1001(b)	1,000.00	1,000.00
91 VW Jetta - not running	735 ILCS 5 §12-1001(c)	500.00	500.00
93 Volvo 960 - 326,000 miles	735 ILCS 5 §12-1001(c)	500.00	500.00
97 Dodge Van - 137,000 miles	735 ILCS 5 §12-1001(c)	1,000.00	1,000.00
99 Honda Accord	735 ILCS 5 §12-1001(c)	2,150.00	2,150.00

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. <b>105612978</b> <b>Countrywide Home Loans</b> <b>PO Box 5170</b> <b>Simi Valley, CA 93062-5170</b>		<b>Mortgage account opened 9/05</b>   <b>VALUE \$ 150,000.00</b>				<b>216,067.00</b>	<b>66,067.00</b>
ACCOUNT NO. <b>Fisher And Shapiro</b> <b>4201 Lake Cook Rd 1ST Fl</b> <b>Northbrook, IL 60062-1060</b>		<b>Assignee or other notification for:</b> <b>Countrywide Home Loans</b>   <b>VALUE \$</b>					
ACCOUNT NO.		   <b>VALUE \$</b>					
ACCOUNT NO.		   <b>VALUE \$</b>					
Subtotal (Total of this page)						<b>\$ 216,067.00</b>	<b>\$ 66,067.00</b>
Total (Use only on last page)						<b>\$ 216,067.00</b>	<b>\$ 66,067.00</b>

0 continuation sheets attached

(Report also on  
Summary of  
Schedules.)

(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

- ☐ **Domestic Support Obligations**  
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
- ☐ **Extensions of credit in an involuntary case**  
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).
- ☐ **Wages, salaries, and commissions**  
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
- ☐ **Contributions to employee benefit plans**  
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
- ☐ **Certain farmers and fishermen**  
Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
- ☐ **Deposits by individuals**  
Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
- ☐ **Taxes and Certain Other Debts Owed to Governmental Units**  
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
- ☐ **Commitments to Maintain the Capital of an Insured Depository Institution**  
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).
- ☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**  
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

0 continuation sheets attached



SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>4564190100239093</b> <b>Aspire/cb And T</b> <b>PO Box 105555</b> <b>Atlanta, GA 30348-5555</b>		<b>Revolving account opened 8/05</b>				<b>2,364.00</b>
ACCOUNT NO. <b>5979</b> <b>Bank Of America</b> <b>PO Box 26012</b> <b>Greensboro, NC 27420-6012</b>		<b>Revolving account opened 2/01</b>				<b>3,520.00</b>
ACCOUNT NO. <b>Firstsource Advantage, LLC</b> <b>205 Bryant Woods South</b> <b>Amherst, NY 14228</b>		<b>Assignee or other notification for:</b> <b>Bank Of America</b>				
ACCOUNT NO. <b>4523</b> <b>Bank Of America</b> <b>PO Box 26012</b> <b>Greensboro, NC 27420-6012</b>		<b>Revolving account opened 1/01</b>				<b>3,362.00</b>
Subtotal (Total of this page)						\$ <b>9,246.00</b>
Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						\$

13 continuation sheets attached

IN RE McGranahan, Cecil L & McGranahan, Connie K

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Creditors Interchange</b> <b>80 Holtz Dr</b> <b>Buffalo, NY 14225-1470</b>		<b>Assignee or other notification for:</b> <b>Bank Of America</b>				
ACCOUNT NO. <b>FIA Card Services</b> <b>655 Papermill Rd</b> <b>Wilmington, DE 19884-1510</b>		<b>Assignee or other notification for:</b> <b>Bank Of America</b>				
ACCOUNT NO. <b>Frederick J Hanna &amp; Assocs</b> <b>1655 Enterprise Way SE</b> <b>Marietta, GA 30067-9209</b>		<b>Assignee or other notification for:</b> <b>Bank Of America</b>				
ACCOUNT NO. <b>6580</b> <b>Bank Of America</b> <b>PO Box 15726</b> <b>Wilmington, DE 19886-5726</b>	<b>J</b>	<b>Collections</b>				<b>2,654.55</b>
ACCOUNT NO. <b>4339-9300-0758-8736</b> <b>Bank Of America</b> <b>PO Box 1598</b> <b>Norfolk, VA 23501-1598</b>	<b>J</b>	<b>Collections</b>				<b>3,403.20</b>
ACCOUNT NO. <b>41200113152927</b> <b>Beneficial/hfc</b> <b>961 Weigel Ave</b> <b>Elmhurst, IL 60126-1058</b>		<b>Revolving account opened 5/07</b>				<b>13,312.00</b>
ACCOUNT NO. <b>NCB Management Services, Inc</b> <b>PO Box 1099</b> <b>Langhorne, PA 19047</b>		<b>Assignee or other notification for:</b> <b>Beneficial/hfc</b>				

Sheet no. 1 of 13 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page)\$ **19,369.75**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

\$

IN RE McGranahan, Cecil L &amp; McGranahan, Connie K

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>8810</b> <b>Bk Of Amer</b> <b>PO Box 26012</b> <b>Greensboro, NC 27420-6012</b>		<b>Revolving account opened 2/01</b>				<b>3,520.00</b>
ACCOUNT NO. <b>412174158940</b> <b>Cap One</b> <b>PO Box 5155</b> <b>Norcross, GA 30091-5155</b>		<b>Revolving account opened 8/99</b>				<b>1,366.00</b>
ACCOUNT NO. <b>NCO Financial Systems</b> <b>507 Prudential Rd</b> <b>Horsham, PA 19044-2308</b>		<b>Assignee or other notification for:</b> <b>Cap One</b>				
ACCOUNT NO. <b>517805225918</b> <b>Cap One</b> <b>PO Box 5155</b> <b>Norcross, GA 30091-5155</b>		<b>Revolving account opened 10/02</b>				<b>5,138.00</b>
ACCOUNT NO. <b>NCO Financial Systems</b> <b>507 Prudential Rd</b> <b>Horsham, PA 19044-2308</b>		<b>Assignee or other notification for:</b> <b>Cap One</b>				
ACCOUNT NO. <b>Regional Adjustment Bureau</b> <b>PO Box 1022</b> <b>Wixom, MI 48393</b>		<b>Assignee or other notification for:</b> <b>Cap One</b>				
ACCOUNT NO. <b>412174180135</b> <b>Cap One</b> <b>PO Box 5155</b> <b>Norcross, GA 30091-5155</b>		<b>Revolving account opened 11/97</b>				<b>1,062.00</b>

Sheet no. 2 of 13 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **11,086.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE McGranahan, Cecil L &amp; McGranahan, Connie K

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Firstsource Advantage, LLC</b> <b>205 Bryant Woods South</b> <b>Amherst, NY 14228</b>		<b>Assignee or other notification for:</b> <b>Cap One</b>				
ACCOUNT NO. <b>517805246833</b> <b>Cap One</b> <b>PO Box 5155</b> <b>Norcross, GA 30091-5155</b>		<b>Revolving account opened 8/04</b>				<b>804.00</b>
ACCOUNT NO. <b>Allied Interstate</b> <b>3000 Corporate Exchange Dr, 5th Fl</b> <b>Columbus, OH 43231</b>		<b>Assignee or other notification for:</b> <b>Cap One</b>				
ACCOUNT NO. <b>542418050045</b> <b>Citi</b> <b>PO Box 20507</b> <b>Kansas City, MO 64195-0507</b>		<b>Revolving account opened 10/00</b>				<b>7,895.00</b>
ACCOUNT NO. <b>Blatt Hasemiller</b> <b>125 S Wacker Dr Ste 400</b> <b>Chicago, IL 60606-4440</b>		<b>Assignee or other notification for:</b> <b>Citi</b>				
ACCOUNT NO. <b>NCO Financial Systems</b> <b>507 Prudential Rd</b> <b>Horsham, PA 19044-2308</b>		<b>Assignee or other notification for:</b> <b>Citi</b>				
ACCOUNT NO. <b>601100723071</b> <b>Discover Fin Svcs Llc</b> <b>PO Box 3025</b> <b>New Albany, OH 43054-3025</b>		<b>Revolving account opened 11/02</b>				<b>6,859.00</b>

Sheet no. 3 of 13 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **15,558.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
\$

IN RE McGranahan, Cecil L &amp; McGranahan, Connie K

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>601129880576</b> <b>Discover Fin Svcs Llc</b> <b>PO Box 3025</b> <b>New Albany, OH 43054-3025</b>		<b>Revolving account opened 12/02</b>				<b>4,704.00</b>
ACCOUNT NO. <b>Redline Recovery Services</b> <b>2350 N Forest Rd Ste 31B</b> <b>Getzville, NY 14068-1296</b>		<b>Assignee or other notification for:</b> <b>Discover Fin Svcs Llc</b>				
ACCOUNT NO. <b>601100770071</b> <b>Discover Fin Svcs Llc</b> <b>PO Box 3025</b> <b>New Albany, OH 43054-3025</b>		<b>Revolving account opened 9/02</b>				<b>4,906.00</b>
ACCOUNT NO. <b>United Recovery Systems</b> <b>PO Box 722929</b> <b>Houston, TX 77272-2929</b>		<b>Assignee or other notification for:</b> <b>Discover Fin Svcs Llc</b>				
ACCOUNT NO. <b>601100762072</b> <b>Discover Fin Svcs Llc</b> <b>PO Box 3025</b> <b>New Albany, OH 43054-3025</b>		<b>Revolving account opened 4/03</b>				<b>5,864.00</b>
ACCOUNT NO. <b>Encore Receivable Management</b> <b>400 N Rogers Rd</b> <b>Olathe, KS 66062-1212</b>		<b>Assignee or other notification for:</b> <b>Discover Fin Svcs Llc</b>				
ACCOUNT NO. <b>Weltman, Weinberg, Reis Co, LPA</b> <b>180 N Lasalle St Ste 240</b> <b>Chicago, IL 60601-2501</b>		<b>Assignee or other notification for:</b> <b>Discover Fin Svcs Llc</b>				

Sheet no. 4 of 13 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **15,474.00**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE McGranahan, Cecil L &amp; McGranahan, Connie K

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>441712216701</b> <b>Fst Usa Bk B</b> <b>800 Brooksedge Blvd</b> <b>Westerville, OH 43081-2822</b>		<b>Revolving account opened 1/91</b>				<b>2,967.00</b>
ACCOUNT NO. <b>Alliance One</b> <b>Receivables Management, Inc.</b> <b>1160 Centre Pointe Dr Ste 1</b> <b>Mendota Heights, MN 55120-1270</b>		<b>Assignee or other notification for:</b> <b>Fst Usa Bk B</b>				
ACCOUNT NO. <b>Valentine &amp; Kebartas</b> <b>PO Box 325</b> <b>Lawrence, MA 01842-0625</b>		<b>Assignee or other notification for:</b> <b>Fst Usa Bk B</b>				
ACCOUNT NO. <b>6032203380612381</b> <b>Ge Capital Cards</b> <b>PO Box 981284</b> <b>El Paso, TX 79998-1284</b>	<b>J</b>	<b>Collections</b>				<b>1,306.00</b>
ACCOUNT NO. <b>Central Credit Services</b> <b>PO Box 15118</b> <b>Jacksonville, FL 32239-5118</b>		<b>Assignee or other notification for:</b> <b>Ge Capital Cards</b>				
ACCOUNT NO. <b>Lvnv Funding</b> <b>PO Box 740281</b> <b>Houston, TX 77274-0281</b>		<b>Assignee or other notification for:</b> <b>Ge Capital Cards</b>				
ACCOUNT NO. <b>Sherman Acquistions LP</b> <b>PO Box 10497</b> <b>Greenville, SC 29603-0497</b>		<b>Assignee or other notification for:</b> <b>Ge Capital Cards</b>				

Sheet no. 5 of 13 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **4,273.00**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE McGranahan, Cecil L & McGranahan, Connie K

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Walmart</b> <b>PO Box 530927</b> <b>Atlanta, GA 30353-0927</b>		<b>Assignee or other notification for:</b> <b>Ge Capital Cards</b>				
ACCOUNT NO. <b>5942</b> <b>Ge Capital Cards</b> <b>PO Box 981284</b> <b>El Paso, TX 79998-1284</b>	<b>J</b>	<b>Collections</b>				<b>4,841.96</b>
ACCOUNT NO. <b>Encore Receivable Management</b> <b>400 N Rogers Rd</b> <b>Olathe, KS 66062-1212</b>		<b>Assignee or other notification for:</b> <b>Ge Capital Cards</b>				
ACCOUNT NO. <b>Lvnv Funding</b> <b>PO Box 740281</b> <b>Houston, TX 77274-0281</b>		<b>Assignee or other notification for:</b> <b>Ge Capital Cards</b>				
ACCOUNT NO. <b>Resurgence Capital Services</b> <b>PO Box 10826</b> <b>Greenville, SC 29603</b>		<b>Assignee or other notification for:</b> <b>Ge Capital Cards</b>				
ACCOUNT NO. <b>Sams Club/ GE Capital</b> <b>Attn: Bankruptcy</b> <b>PO Box 103104</b> <b>Roswell, GA 30076-9104</b>		<b>Assignee or other notification for:</b> <b>Ge Capital Cards</b>				
ACCOUNT NO. <b>248325</b> <b>Gemb/jcp</b> <b>PO Box 103106</b> <b>Roswell, GA 30076-9106</b>		<b>Revolving account opened 5/03</b>				<b>413.00</b>

Sheet no. 6 of 13 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **5,254.96**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE McGranahan, Cecil L &amp; McGranahan, Connie K

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Firstsource Advantage, LLC</b> <b>205 Bryant Woods South</b> <b>Amherst, NY 14228</b>		<b>Assignee or other notification for:</b> <b>Gemb/jcp</b>				
ACCOUNT NO. <b>NCO Financial Systems</b> <b>507 Prudential Rd</b> <b>Horsham, PA 19044-2308</b>		<b>Assignee or other notification for:</b> <b>Gemb/jcp</b>				
ACCOUNT NO. <b>600506501016</b> <b>Gemb/meijer</b> <b>PO Box 103104</b> <b>Roswell, GA 30076-9104</b>		<b>Revolving account opened 12/03</b>				<b>465.00</b>
ACCOUNT NO. <b>Global Vantage Inc</b> <b>Atnn Payment Processing</b> <b>PO Box 3458</b> <b>San Rafael, CA 94912-3458</b>		<b>Assignee or other notification for:</b> <b>Gemb/meijer</b>				
ACCOUNT NO. <b>NCO Financial Systems</b> <b>507 Prudential Rd</b> <b>Horsham, PA 19044-2308</b>		<b>Assignee or other notification for:</b> <b>Gemb/meijer</b>				
ACCOUNT NO. <b>5440-4550-1497-0886</b> <b>HSBC</b> <b>PO Box 5213</b> <b>Carol Stream, IL 60197-5213</b>	<b>J</b>	<b>Collections</b>				<b>2,413.00</b>
ACCOUNT NO. <b>Bureaus Investment Group</b>		<b>Assignee or other notification for:</b> <b>HSBC</b>				

Sheet no. 7 of 13 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **2,878.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$



IN RE McGranahan, Cecil L & McGranahan, Connie K

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Central Credit Services</b> <b>PO Box 15118</b> <b>Jacksonville, FL 32239-5118</b>		<b>Assignee or other notification for:</b> <b>HSBC</b>				
ACCOUNT NO. <b>Redline Recovery Services</b> <b>2350 N Forest Rd Ste 31B</b> <b>Getzville, NY 14068-1296</b>		<b>Assignee or other notification for:</b> <b>HSBC</b>				
ACCOUNT NO. <b>545800113508</b> <b>Hsbc Bank</b> <b>PO Box 5246</b> <b>Carol Stream, IL 60197-5246</b>		<b>Revolving account opened 7/03</b>				<b>7,385.00</b>
ACCOUNT NO. <b>Atlantic</b> <b>Credit &amp; Finance Incorp</b> <b>PO Box 13386</b> <b>Roanoke, VA 24033-3386</b>		<b>Assignee or other notification for:</b> <b>Hsbc Bank</b>				
ACCOUNT NO. <b>5149-5370-3523-0772</b> <b>Hsbc Bank</b> <b>12447 SW 69th Ave</b> <b>Tigard, OR 97223-8517</b>		<b>Revolving account opened 6/00</b>				<b>12,246.00</b>
ACCOUNT NO. <b>CACH</b>		<b>Assignee or other notification for:</b> <b>Hsbc Bank</b>				
ACCOUNT NO. <b>P Scott Lowery</b> <b>4500 Cherry Creek South Dr Ste 700-710</b> <b>Denver, CO 80246-1518</b>		<b>Assignee or other notification for:</b> <b>Hsbc Bank</b>				

Sheet no. 8 of 13 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **19,631.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE McGranahan, Cecil L &amp; McGranahan, Connie K

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>5489-5500-5562-0341</b> <b>Hsbc Bank</b> <b>PO Box 5213</b> <b>Carol Stream, IL 60197-5213</b>		<b>Revolving account opened 8/01</b>				<b>1,125.00</b>
ACCOUNT NO. <b>Hollander Law Offices</b> <b>PO Box 105836</b> <b>Atlanta, GA 30348-5836</b>		<b>Assignee or other notification for:</b> <b>Hsbc Bank</b>				
ACCOUNT NO. <b>West Asset Management</b> <b>PO Box 2307</b> <b>Sherman, TX 75091-2307</b>		<b>Assignee or other notification for:</b> <b>Hsbc Bank</b>				
ACCOUNT NO. <b>6004300990127968</b> <b>Hsbc/menards</b> <b>PO Box 5229</b> <b>Cincinnati, OH 45201-5229</b>		<b>Revolving account opened 9/05</b>				<b>1,019.00</b>
ACCOUNT NO. <b>CCB Credit Services</b> <b>PO Box 272</b> <b>Springfield, IL 62705-0272</b>		<b>Assignee or other notification for:</b> <b>Hsbc/menards</b>				
ACCOUNT NO. <b>Corporate Receivables Inc</b> <b>PO Box 32995</b> <b>Phoenix, AZ 85064-2995</b>		<b>Assignee or other notification for:</b> <b>Hsbc/menards</b>				
ACCOUNT NO. <b>United Recovery Systems</b> <b>PO Box 722929</b> <b>Houston, TX 77272-2929</b>		<b>Assignee or other notification for:</b> <b>Hsbc/menards</b>				

Sheet no. **9** of **13** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **2,144.00**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE McGranahan, Cecil L &amp; McGranahan, Connie K

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>032497258752</b> <b>Kohls/chase</b> <b>PO Box 3120</b> <b>Milwaukee, WI 53201-3120</b>		<b>Revolving account opened 8/01</b>				<b>1,921.00</b>
ACCOUNT NO. <b>Merchants &amp; Medical Credit Corp</b> <b>6324 Taylor Dr</b> <b>Flint, MI 48507-4680</b>		<b>Assignee or other notification for:</b> <b>Kohls/chase</b>				
ACCOUNT NO. <b>6011-3610-0232-5942</b> <b>Sam's Clun Discover</b> <b>PO Box 960013</b> <b>Orlando, FL 32896-0013</b>	<b>J</b>	<b>Collections</b>				<b>4,399.42</b>
ACCOUNT NO. <b>157287</b> <b>Schneider Training Academy</b> <b>PO Box 260148</b> <b>Denver, CO 80226-0148</b>	<b>J</b>	<b>Collections</b>				<b>2,892.00</b>
ACCOUNT NO. <b>United Resource Systems</b> <b>10075 W Colfax Ave</b> <b>Lakewood, CO 80215-3907</b>		<b>Assignee or other notification for:</b> <b>Schneider Training Academy</b>				
ACCOUNT NO. <b>5049948044364299</b> <b>Sears Citibank</b> <b>PO Box 6923</b> <b>The Lakes, NV 88901</b>	<b>J</b>	<b>Collections</b>				<b>1,494.00</b>
ACCOUNT NO. <b>5121-0750-0566-2486</b> <b>Sears/cbsd</b> <b>PO Box 20363</b> <b>Kansas City, MO 64195-0363</b>		<b>Revolving account opened 5/02</b>				<b>1,333.00</b>

Sheet no. **10** of **13** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **12,039.42**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE McGranahan, Cecil L &amp; McGranahan, Connie K

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Central Credit Services</b> <b>PO Box 15118</b> <b>Jacksonville, FL 32239-5118</b>		<b>Assignee or other notification for:</b> <b>Sears/cbsd</b>				
ACCOUNT NO. <b>Leading Edge</b> <b>5440 N Cumberland Ave Ste 300</b> <b>Chicago, IL 60656-1490</b>		<b>Assignee or other notification for:</b> <b>Sears/cbsd</b>				
ACCOUNT NO. <b>Lvnv Funding</b> <b>PO Box 740281</b> <b>Houston, TX 77274-0281</b>		<b>Assignee or other notification for:</b> <b>Sears/cbsd</b>				
ACCOUNT NO. <b>4352-3767-0183-9409</b> <b>Target Nb</b> <b>PO Box 673</b> <b>Minneapolis, MN 55440-0673</b>		<b>Revolving account opened 11/02</b>				<b>1,167.00</b>
ACCOUNT NO. <b>Ltd Financial Services</b> <b>7322 Southwest Fwy Ste 1600</b> <b>Houston, TX 77074-2000</b>		<b>Assignee or other notification for:</b> <b>Target Nb</b>				
ACCOUNT NO. <b>NCB Management Services, Inc</b> <b>PO Box 1099</b> <b>Langhorne, PA 19047</b>		<b>Assignee or other notification for:</b> <b>Target Nb</b>				
ACCOUNT NO. <b>6035320075159721</b> <b>Thd/cbsd</b> <b>PO Box 20507</b> <b>Kansas City, MO 64195-0507</b>		<b>Revolving account opened 4/99</b>				<b>9,955.00</b>

Sheet no. 11 of 13 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **11,122.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
\$

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>157287</b> <b>Ubs Inc</b> <b>10075 W Colfax Ave</b> <b>Lakewood, CO 80215-3907</b>		<b>Installment account opened 2/08</b>				<b>2,892.00</b>
ACCOUNT NO. <b>4300033942</b> <b>Wash Mutual/providian</b> <b>PO Box 10467</b> <b>Greenville, SC 29603-0467</b>		<b>Revolving account opened 6/05</b>				<b>3,373.00</b>
ACCOUNT NO. <b>IC System</b> <b>444 Highway 96 East</b> <b>PO Box 64886</b> <b>Saint Paul, MN 55164-0378</b>		<b>Assignee or other notification for:</b> <b>Wash Mutual/providian</b>				
ACCOUNT NO. <b>7604187112</b> <b>Wash Mutual/providian</b> <b>PO Box 10467</b> <b>Greenville, SC 29603-0467</b>		<b>Revolving account opened 9/05</b>				<b>690.00</b>
ACCOUNT NO. <b>Capital Management Services</b> <b>726 Exchange St Ste 700</b> <b>Buffalo, NY 14210-1484</b>		<b>Assignee or other notification for:</b> <b>Wash Mutual/providian</b>				
ACCOUNT NO. <b>IC System</b> <b>444 Highway 96 East</b> <b>PO Box 64886</b> <b>Saint Paul, MN 55164-0378</b>		<b>Assignee or other notification for:</b> <b>Wash Mutual/providian</b>				
ACCOUNT NO. <b>102130766935535</b> <b>Wffinancial</b> <b>5615 Northwest Hwy</b> <b>Crystal Lake, IL 60014-8056</b>		<b>Installment account opened 2/07</b>				<b>970.00</b>

Sheet no. **12** of **13** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **7,925.00**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE McGranahan, Cecil L & McGranahan, Connie K

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Associated Credit Services</b> <b>105B South St</b> <b>PO Box 9100</b> <b>Hopkinton, MA 01748-9100</b>		<b>Assignee or other notification for:</b> <b>Wffinancial</b>				
ACCOUNT NO. <b>585637046611</b> <b>Wfnnb/drsbrn</b> <b>PO Box 182125</b> <b>Columbus, OH 43218-2125</b>		<b>Revolving account opened 5/00</b>				<b>296.00</b>
ACCOUNT NO. <b>Asset Acceptance</b> <b>PO Box 2036</b> <b>Warren, MI 48090-2036</b>		<b>Assignee or other notification for:</b> <b>Wfnnb/drsbrn</b>				
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						

Sheet no. 13 of 13 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **296.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$ **136,297.13**

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR



SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on From 22A, 22B, or 22C.

Debtor's Marital Status <b>Married</b>	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S):	AGE(S): <b>16</b> <b>18</b>
EMPLOYMENT: DEBTOR		SPOUSE
Occupation Name of Employer <b>Unemployed</b> How long employed Address of Employer		<b>Unemployed</b>

<b>INCOME:</b> (Estimate of average or projected monthly income at time case filed)	DEBTOR	SPOUSE
1. Current monthly gross wages, salary, and commissions (prorate if not paid monthly)	\$ _____	\$ _____
2. Estimated monthly overtime	\$ _____	\$ _____
<b>3. SUBTOTAL</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and Social Security	\$ _____	\$ _____
b. Insurance	\$ _____	\$ _____
c. Union dues	\$ _____	\$ _____
d. Other (specify) _____	\$ _____	\$ _____
<b>5. SUBTOTAL OF PAYROLL DEDUCTIONS</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
<b>6. TOTAL NET MONTHLY TAKE HOME PAY</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
7. Regular income from operation of business or profession or farm (attach detailed statement)	\$ _____	\$ _____
8. Income from real property	\$ _____	\$ _____
9. Interest and dividends	\$ _____	\$ _____
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$ _____	\$ _____
11. Social Security or other government assistance (Specify) _____	\$ _____	\$ _____
12. Pension or retirement income	\$ _____	\$ _____
13. Other monthly income (Specify) _____	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
<b>14. SUBTOTAL OF LINES 7 THROUGH 13</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>15. AVERAGE MONTHLY INCOME</b> (Add amounts shown on lines 6 and 14)	<b>\$ 0.00</b>	<b>\$ 0.00</b>
<b>16. COMBINED AVERAGE MONTHLY INCOME:</b> (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)	<b>\$ 0.00</b>	

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:  
**None**

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor’s family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form22A or 22C.

☐ Check this box if a joint petition is filed and debtor’s spouse maintains a separate household. Complete a separate schedule of expenditures labeled “Spouse.”

1. Rent or home mortgage payment (include lot rented for mobile home)	\$ 2,044.00
a. Are real estate taxes included? Yes ___ No <input checked="" type="checkbox"/>	
b. Is property insurance included? Yes ___ No <input checked="" type="checkbox"/>	
2. Utilities:	
a. Electricity and heating fuel	\$ 150.00
b. Water and sewer	\$ 20.00
c. Telephone	\$ 20.00
d. Other _____	\$ _____
3. Home maintenance (repairs and upkeep)	\$ _____
4. Food	\$ 400.00
5. Clothing	\$ _____
6. Laundry and dry cleaning	\$ _____
7. Medical and dental expenses	\$ _____
8. Transportation (not including car payments)	\$ 100.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ _____
10. Charitable contributions	\$ _____
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner’s or renter’s	\$ _____
b. Life	\$ _____
c. Health	\$ _____
d. Auto	\$ 37.50
e. Other _____	\$ _____
12. Taxes (not deducted from wages or included in home mortgage payments)	
(Specify) _____	\$ _____
13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$ _____
b. Other _____	\$ _____
14. Alimony, maintenance, and support paid to others	\$ _____
15. Payments for support of additional dependents not living at your home	\$ _____
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$ _____
17. Other _____	\$ _____
	\$ _____
	\$ _____

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.

\$ 2,771.50

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:

None

20. STATEMENT OF MONTHLY NET INCOME	
a. Average monthly income from Line 15 of Schedule I	\$ 0.00
b. Average monthly expenses from Line 18 above	\$ 2,771.50
c. Monthly net income (a. minus b.)	\$ -2,771.50

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 27 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: August 13, 2008 Signature: /s/ Cecil L McGranahan  
Cecil L McGranahan Debtor  
Date: August 13, 2008 Signature: /s/ Connie K McGranahan  
Connie K McGranahan (Joint Debtor, if any)  
[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer Social Security No. (Required by 11 U.S.C. § 110.)  
*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.*

Address

Signature of Bankruptcy Petition Preparer Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

*If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.*  
*A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the \_\_\_\_\_ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the \_\_\_\_\_ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

IN RE:

McGranahan, Cecil L & McGranahan, Connie K

Debtor(s)

Case No. \_\_\_\_\_

Chapter 7

### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### DEFINITIONS

**"In business."** A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

**"Insider."** The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

#### 1. Income from employment or operation of business

- None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal year rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

**0.00 Estimated 2008 income from employment year to date**

**19,964.00 Estimated 2007 income from employment**

**19,000.00 Estimated 2006 income from employment**

#### 2. Income other than from employment or operation of business

- None ☒ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 3. Payments to creditors

**Complete a. or b., as appropriate, and c.**

- None ☒ **a. Individual or joint debtor(s) with primarily consumer debts:** List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Countrywide v McGranahan	Foreclosure	McHenry	Pending

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 5. Repossessions, foreclosures and returns

None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 7. Gifts

None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Gleason & Gleason 77 W Washington, Ste 1218 Chicago, IL 60602		676.00

#### 10. Other transfers

- None ☐ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE,  
RELATIONSHIP TO DEBTOR  
**Unknown Person**  
**none**

DATE  
**9/07**

DESCRIBE PROPERTY TRANSFERRED  
AND VALUE RECEIVED  
**Sold 97 Dodge Pick up truck for**  
**\$10,000 - paid wells fargo \$4,000 to**  
**pay off cars.**

- None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

#### 11. Closed financial accounts

- None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 12. Safe deposit boxes

- None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 13. Setoffs

- None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 14. Property held for another person

- None ☒ List all property owned by another person that the debtor holds or controls.

#### 15. Prior address of debtor

- None ☒ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

#### 16. Spouses and Former Spouses

- None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

#### 17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

- None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

**18. Nature, location and name of business**

None ☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

*[If completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: **August 13, 2008** Signature /s/ Cecil L McGranahan  
of Debtor **Cecil L McGranahan**

Date: **August 13, 2008** Signature /s/ Connie K McGranahan  
of Joint Debtor **Connie K McGranahan**  
(if any)

0 continuation pages attached

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.*

IN RE:

McGranahan, Cecil L & McGranahan, Connie K

Debtor(s)

Case No. \_\_\_\_\_

Chapter 7

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

- ☒ I have filed a schedule of assets and liabilities which includes debts secured by property of the estate.  
☐ I have filed a schedule of executory contracts and unexpired leases which includes personal property subject to an unexpired lease.  
☒ I intend to do the following with respect to the property of the estate which secures those debts or is subject to a lease:

Description of Secured Property	Creditor's Name	Property will be Surrendered	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)
<b>Residence at:</b>	<b>Countrywide Home Loans</b>				✓

Description of Leased Property	Lessor's Name	Lease will be assumed pursuant to 11 U.S.C. § 362(h)(1)(A)

08/13/2008

Date

/s/ Cecil L McGranahan

Cecil L McGranahan

Debtor

/s/ Connie K McGranahan

Connie K McGranahan

Joint Debtor (if applicable)

**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.*

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

*A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*



IN RE:

Case No. \_\_\_\_\_

McGranahan, Cecil L & McGranahan, Connie K

Chapter 7

Debtor(s)

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors 67

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: August 13, 2008

/s/ Cecil L McGranahan

Debtor

/s/ Connie K McGranahan

Joint Debtor

McGranahan, Cecil L  
310 N River Rd  
McHenry, IL 60051-9241

Bank Of America  
PO Box 15726  
Wilmington, DE 19886-5726

Corporate Receivables Inc  
PO Box 32995  
Phoenix, AZ 85064-2995

McGranahan, Connie K  
310 N River Rd  
McHenry, IL 60051-9241

Bank Of America  
PO Box 1598  
Norfolk, VA 23501-1598

Countrywide Home Loans  
PO Box 5170  
Simi Valley, CA 93062-5170

Gleason & Gleason  
77 W Washington, Ste 1218  
Chicago, IL 60602

Beneficial/hfc  
961 Weigel Ave  
Elmhurst, IL 60126-1058

Creditors Interchange  
80 Holtz Dr  
Buffalo, NY 14225-1470

Alliance One  
Receivables Management, Inc.  
1160 Centre Pointe Dr Ste 1  
Mendota Heights, MN 55120-1270

Bk Of Amer  
PO Box 26012  
Greensboro, NC 27420-6012

Discover Fin Svcs Llc  
PO Box 3025  
New Albany, OH 43054-3025

Allied Interstate  
3000 Corporate Exchange Dr, 5th Fl  
Columbus, OH 43231

Blatt Hasemiller  
125 S Wacker Dr Ste 400  
Chicago, IL 60606-4440

Encore Receivable Management  
400 N Rogers Rd  
Olathe, KS 66062-1212

Aspire/cb And T  
PO Box 105555  
Atlanta, GA 30348-5555

Cap One  
PO Box 5155  
Norcross, GA 30091-5155

FIA Card Services  
655 Papermill Rd  
Wilmington, DE 19884-1510

Asset Acceptance  
PO Box 2036  
Warren, MI 48090-2036

Capital Management Services  
726 Exchange St Ste 700  
Buffalo, NY 14210-1484

Firstsource Advantage, LLC  
205 Bryant Woods South  
Amherst, NY 14228

Associated Credit Services  
105B South St  
PO Box 9100  
Hopkinton, MA 01748-9100

CCB Credit Services  
PO Box 272  
Springfield, IL 62705-0272

Fisher And Shapiro  
4201 Lake Cook Rd 1ST Fl  
Northbrook, IL 60062-1060

Atlantic  
Credit & Finance Incorp  
PO Box 13386  
Roanoke, VA 24033-3386

Central Credit Services  
PO Box 15118  
Jacksonville, FL 32239-5118

Frederick J Hanna & Assocs  
1655 Enterprise Way SE  
Marietta, GA 30067-9209

Bank Of America  
PO Box 26012  
Greensboro, NC 27420-6012

Citi  
PO Box 20507  
Kansas City, MO 64195-0507

Fst Usa Bk B  
800 Brooksedge Blvd  
Westerville, OH 43081-2822

Ge Capital Cards  
PO Box 981284  
El Paso, TX 79998-1284

IC System  
444 Highway 96 East  
PO Box 64886  
Saint Paul, MN 55164-0378

Regional Adjustment Bureau  
PO Box 1022  
Wixom, MI 48393

Gemb/jcp  
PO Box 103106  
Roswell, GA 30076-9106

Kohls/chase  
PO Box 3120  
Milwaukee, WI 53201-3120

Resurgence Capital Services  
PO Box 10826  
Greenville, SC 29603

Gemb/meijer  
PO Box 103104  
Roswell, GA 30076-9104

Leading Edge  
5440 N Cumberland Ave Ste 300  
Chicago, IL 60656-1490

Sam's Clun Discover  
PO Box 960013  
Orlando, FL 32896-0013

Global Vantage Inc  
Attn Payment Processing  
PO Box 3458  
San Rafael, CA 94912-3458

Ltd Financial Services  
7322 Southwest Fwy Ste 1600  
Houston, TX 77074-2000

Sams Club/ GE Capital  
Attn: Bankruptcy  
PO Box 103104  
Roswell, GA 30076-9104

Hollander Law Offices  
PO Box 105836  
Atlanta, GA 30348-5836

Lvnv Funding  
PO Box 740281  
Houston, TX 77274-0281

Schneider Training Academy  
PO Box 260148  
Denver, CO 80226-0148

HSBC  
PO Box 5213  
Carol Stream, IL 60197-5213

Merchants & Medical Credit Corp  
6324 Taylor Dr  
Flint, MI 48507-4680

Sears Citibank  
PO Box 6923  
The Lakes, NV 88901

Hsbc Bank  
PO Box 5246  
Carol Stream, IL 60197-5246

NCB Management Services, Inc  
PO Box 1099  
Langhorne, PA 19047

Sears/cbsd  
PO Box 20363  
Kansas City, MO 64195-0363

Hsbc Bank  
12447 SW 69th Ave  
Tigard, OR 97223-8517

NCO Financial Systems  
507 Prudential Rd  
Horsham, PA 19044-2308

Sherman Acquisitions LP  
PO Box 10497  
Greenville, SC 29603-0497

Hsbc Bank  
PO Box 5213  
Carol Stream, IL 60197-5213

P Scott Lowery  
4500 Cherry Creek South Dr Ste 700-710  
Denver, CO 80246-1518

Target Nb  
PO Box 673  
Minneapolis, MN 55440-0673

Hsbc/menards  
PO Box 5229  
Cincinnati, OH 45201-5229

Redline Recovery Services  
2350 N Forest Rd Ste 31B  
Getzville, NY 14068-1296

Thd/cbsd  
PO Box 20507  
Kansas City, MO 64195-0507

Ubs Inc  
10075 W Colfax Ave  
Lakewood, CO 80215-3907

United Recovery Systems  
PO Box 722929  
Houston, TX 77272-2929

United Resource Systems  
10075 W Colfax Ave  
Lakewood, CO 80215-3907

Valentine & Kebartas  
PO Box 325  
Lawrence, MA 01842-0625

Walmart  
PO Box 530927  
Atlanta, GA 30353-0927

Wash Mutual/providian  
PO Box 10467  
Greenville, SC 29603-0467

Weltman, Weinberg, Reis Co, LPA  
180 N Lasalle St Ste 240  
Chicago, IL 60601-2501

West Asset Management  
PO Box 2307  
Sherman, TX 75091-2307

Wffinancial  
5615 Northwest Hwy  
Crystal Lake, IL 60014-8056

Wfnnb/drsbrn  
PO Box 182125  
Columbus, OH 43218-2125

Form **1040**Department of the Treasury—Internal Revenue Service  
**U.S. Individual Income Tax Return 2007**

Page 45 of 62

IRS Use Only—Do not write or staple in this space.

**Label**(See instructions on page 12.)  
Use the IRS label. Otherwise, please print or type.L  
A  
B  
E  
L  
  
H  
E  
R  
E

For the year Jan. 1-Dec. 31, 2007, or other tax year beginning , 2007, ending , 20		OMB No. 1545-0074
Your first name and initial <b>CECIL L</b>	Last name <b>MCGRANAHAN SR</b>	Your social security number <b>312-44-8448</b>
If a joint return, spouse's first name and initial <b>CONNIE K</b>	Last name <b>MCGRANAHAN</b>	Spouse's social security number <b>511-50-0348</b>
Home address (number and street). If you have a P.O. box, see page 12. <b>310 N RIVER RD</b>		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, see page 12. <b>MCHENRY, IL 60051</b>		<input checked="" type="checkbox"/> You must enter your SSN(s) above.

**Presidential****Election Campaign**

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 12) ☐ You ☐ Spouse

**Filing Status**

Check only one box.

- 1 ☐ Single  
 2 ☒ Married filing jointly (even if only one had income)  
 3 ☐ Married filing separately. Enter spouse's SSN above and full name here.   
 4 ☐ Head of household (with qualifying person). (See page 13 the qualifying person is a child but not your dependent, or this child's name here.   
 5 ☐ Qualifying widow(er) with dependent child (see page 1.

**Exemptions**

If more than four dependents, see page 15.

6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a				Boxes checked on 6a and 6b <b>2</b>
6b <input checked="" type="checkbox"/> Spouse				No. of children on 6c who:
c Dependents:				<input checked="" type="checkbox"/> lived with you <input type="checkbox"/> did not live with you due to divorce or separation (see page 16) Dependents on 6c not entered above
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see page 15)
<b>GLORIA</b>	<b>MCGRANAHAN</b>	<b>339-88-0284</b>	<b>DAUGHTER</b>	<input type="checkbox"/>
<b>JONATHAN</b>	<b>MCGRANAHAN</b>	<b>337-88-5335</b>	<b>SON</b>	<input type="checkbox"/>
<b>MELISSA</b>	<b>MCGRANAHAN</b>	<b>320-88-5613</b>	<b>DAUGHTER</b>	<input checked="" type="checkbox"/>
d Total number of exemptions claimed				Add numbers on lines above <b>5</b>

**Income**

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 19.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7 <b>20007</b>
8a Taxable interest. Attach Schedule B if required	8a
b Tax-exempt interest. Do not include on line 8a	8b
9a Ordinary dividends. Attach Schedule B if required	9a
b Qualified dividends (see page 19)	9b
10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20)	10
11 Alimony received	11
12 Business income or (loss). Attach Schedule C or C-EZ	12
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13
14 Other gains or (losses). Attach Form 4797	14
15a IRA distributions	15a
b Taxable amount (see page 21)	15b
16a Pensions and annuities	16a
b Taxable amount (see page 22)	16b
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17
18 Farm income or (loss). Attach Schedule F	18
19 Unemployment compensation	19
20a Social security benefits	20a
b Taxable amount (see page 24)	20b
21 Other income. List type and amount (see page 24)	21
22 Add the amounts in the far right column for lines 7 through 21. This is your total income	<b>20007</b>

**Adjusted Gross Income**

23 Educator expenses (see page 26)	23
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24
25 Health savings account deduction. Attach Form 8889	25
26 Moving expenses. Attach Form 3903	26
27 One-half of self-employment tax. Attach Schedule SE	27
28 Self-employed SEP, SIMPLE, and qualified plans	28
29 Self-employed health insurance deduction (see page 26)	29
30 Penalty on early withdrawal of savings	30
31a Alimony paid b Recipient's SSN	31a
32 IRA deduction (see page 27)	32
33 Student loan interest deduction (see page 30)	33
34 Tuition and fees deduction. Attach Form 8917	34

**Tax and Credits****Standard Deduction for—**

• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 31.

• All others:

Single or Married filing separately, \$5,350

Married filing jointly or Qualifying widow(er), \$10,700

Head of household, \$7,850

38	Amount from line 37 (adjusted gross income)	38	20007
39a	Check <input type="checkbox"/> You were born before January 2, 1943, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1943, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 31 and check here <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	14382
41	Subtract line 40 from line 38	41	5625
42	If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 38 is over \$117,300, see the worksheet on page 33	42	17000
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0
44	Tax (see page 33). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> Form(s) 8869	44	0
45	Alternative minimum tax (see page 36). Attach Form 6251	45	
46	Add lines 44 and 45	46	0
47	Credit for child and dependent care expenses. Attach Form 2441	47	
48	Credit for the elderly or the disabled. Attach Schedule R	48	
49	Education credits. Attach Form 8863	49	
50	Residential energy credits. Attach Form 5695	50	
51	Foreign tax credit. Attach Form 1116 if required	51	
52	Child tax credit (see page 39). Attach Form 8901 if required	52	
53	Retirement savings contributions credit. Attach Form 8880	53	
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859 c <input type="checkbox"/> Form 8839	54	
55	Other credits: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	
56	Add lines 47 through 55. These are your total credits	56	0
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	0
58	Self-employment tax. Attach Schedule SE	58	
59	Unreported social security and Medicare tax from: a <input type="checkbox"/> Form 4137 b <input type="checkbox"/> Form 8919	59	
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
61	Advance earned income credit payments from Form(s) W-2, box 9	61	
62	Household employment taxes. Attach Schedule H	62	
63	Add lines 57 through 62. This is your total tax	63	

**Payments**

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	1403
65	2007 estimated tax payments and amount applied from 2006 return	65	
66a	Earned income credit (EIC)	66a	4161
b	Nontaxable combat pay election <input type="checkbox"/> 66b		
67	Excess social security and tier 1 RRTA tax withheld (see page 59)	67	
68	Additional child tax credit. Attach Form 8812	68	1000
69	Amount paid with request for extension to file (see page 59)	69	
70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	
71	Refundable credit for prior year minimum tax from Form 8801, line 27	71	
72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72	6564

**Refund**

Direct deposit? See page 59 and fill in 74b, 74c, and 74d, or Form 8888.

73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	6564
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	6564
b	Routing number 071925787		
d	Account number 2600006524		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
75	Amount of line 73 you want applied to your 2008 estimated tax	75	

**Amount You Owe**

76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 60	76	0
77	Estimated tax penalty (see page 61)	77	

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see page 61)? ☐ Yes. Complete the following. ☒ No.

Designee's name  Phone no.  Personal identification number (PIN)

**Sign Here**

Joint return? See page 13. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
<input type="text"/>	<input type="text"/>	SALES	<input type="text"/>
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	
<input type="text"/>	<input type="text"/>	HOMEMAKER	

## SCHEDULES A&amp;B

(Form 1040)

## Schedule A—Itemized Deductions

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service

(Schedule B is on back)

▶ Attach to Form 1040.

▶ See Instructions for Schedules A&amp;B (Form 1040).

2007

Attachment  
Sequence No. 07

Name(s) shown on Form 1040

CECIL L MCGRANAHAN

Your social security number

312-44-8448

**Medical  
and  
Dental  
Expenses**

Caution. Do not include expenses reimbursed or paid by others.

1 Medical and dental expenses (see page A-1)

1

2 Enter amount from Form 1040, line 38

2

3 Multiply line 2 by 7.5% (.075)

3

4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-

4

**Taxes You  
Paid**(See  
page A-2.)

5 State and local (check only one box):

a ☒ Income taxes, orb ☐ General sales taxes

5

600

6 Real estate taxes (see page A-5)

6

3945

7 Personal property taxes

7

8 Other taxes. List type and amount ▶

8

9 Add lines 5 through 8

9

4545

**Interest  
You Paid**(See  
page A-5.)

10 Home mortgage interest and points reported to you on Form 1098

10

11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-6 and show that person's name, identifying no., and address ▶

11

9837

**Note.**  
Personal  
interest is  
not  
deductible.

12 Points not reported to you on Form 1098. See page A-6 for special rules

12

13 Qualified mortgage insurance premiums (See page A-7)

13

14 Investment interest. Attach Form 4952 if required. (See page A-7.)

14

15 Add lines 10 through 14

15

9837

**Gifts to  
Charity**If you made a  
gift and got a  
benefit for it,  
see page A-8.

16 Gifts by cash or check. If you made any gift of \$250 or more, see page A-8

16

17 Other than by cash or check. If any gift of \$250 or more, see page A-8. You must attach Form 8283 if over \$500

17

18 Carryover from prior year

18

19 Add lines 16 through 18

19

**Casualty and  
Theft Losses**

20 Casualty or theft loss(es). Attach Form 4684. (See page A-9.)

20

**Job Expenses  
and Certain  
Miscellaneous  
Deductions**(See  
page A-9.)

21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-9.) ▶

21

22 Tax preparation fees

22

23 Other expenses—investment, safe deposit box, etc. List type and amount ▶

23

24 Add lines 21 through 23

24

25 Enter amount from Form 1040, line 38

25

26 Multiply line 25 by 2% (.02)

26

27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-

27

**Other  
Miscellaneous  
Deductions**

28 Other—from list on page A-10. List type and amount ▶

28

**Total  
Itemized  
Deductions**

29 Is Form 1040, line 38, over \$156,400 (over \$78,200 if married filing separately)?

☒ No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. ▶

29

14382

**SCHEDULE EIC**  
(Form 1040A or 1040)**Earned Income Credit**  
Qualifying Child Information

Page 48 of 62

OMB No. 1545-0074

**2007**Attachment  
Sequence No. **43**Department of the Treasury  
Internal Revenue ServiceComplete and attach to Form 1040A or 1040  
only if you have a qualifying child.

Name(s) shown on return

Your social security number

CECIL L MCGRANAHAN

312-44-8448

**Before you begin:**

See the instructions for Form 1040A, lines 40a and 40b, or Form 1040, lines 66a and 66b, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.



- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See back of schedule for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

**Qualifying Child Information****Child 1****Child 2**

<b>1 Child's name</b> If you have more than two qualifying children, you only have to list two to get the maximum credit.	First name Last name JONATHAN MCGRANAHAN	First name Last name MELISSA MCGRANAHAN
<b>2 Child's SSN</b> The child must have an SSN as defined on page 41 of the Form 1040A instructions or page 47 of the Form 1040 instructions unless the child was born and died in 2007. If your child was born and died in 2007 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate.	337-88-5335	320-88-5613
<b>3 Child's year of birth</b>	Year <u>1</u> <u>9</u> <u>8</u> <u>9</u> If born after 1988, skip lines 4a and 4b; go to line 5.	Year <u>1</u> <u>9</u> <u>9</u> <u>1</u> If born after 1988, skip lines 4a and 4b; go to line 5.
<b>4 If the child was born before 1989—</b>		
<b>a</b> Was the child under age 24 at the end of 2007 and a student?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Continue.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Continue.
<b>b</b> Was the child permanently and totally disabled during any part of 2007?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Continue. The child is not a qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Continue. The child is not a qualifying child.
<b>5 Child's relationship to you</b> (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	SON	DAUGHTER
<b>6 Number of months child lived with you in the United States during 2007</b> • If the child lived with you for more than half of 2007 but less than 7 months, enter "7." • If the child was born or died in 2007 and your home was the child's home for the entire time he or she was alive during 2007, enter "12."	<u>12</u> months Do not enter more than 12 months.	<u>12</u> months Do not enter more than 12 months.



You may also be able to take the additional child tax credit if your child (a) was under age 17 at the end of 2007, and (b) is a U.S. citizen or resident alien. For more details, see the instructions for line 41 of Form 1040A or line 68 of



CO. FILE DEPT. CLOCK NUMBER 130  
**HD4** 021021 034020 0051989717 1  
**THD AT-HOME SERVICES INC PAYROLL**  
**3200 COBB GALLERIA PARKWAY SUITE 200**  
**ATLANTA, GEORGIA 30339**

Taxable Marital Status: Married  
 Exemptions/Allowances:  
 Federal: 4  
 IL: 0

Social Security Number: XXX-XX-8448

<b>Earnings</b>				<b>year to date</b>	
	rate	hours	this period		
Regular	40.00				
Back Half Com			400.56	10,291.71	
Front 1/2 Comm			258.40	9,296.72	
Excess Missec				-390.00	
Sc Incentive				808.97	
<b>Gross Pay</b>			<b>\$658.96</b>	<b>20,007.40</b>	

<b>Deductions</b>				<b>year to date</b>	
	Statutory				
Federal Income Tax		-24.36		1,403.41	
Social Security Tax		-40.86		1,240.46	
Medicare Tax		-9.56		290.11	
IL State Income Tax		-19.77		600.24	
Other					
Long Trm Disab		-30.96			
Short Trm Disab		-19.62			
<b>Net Pay</b>			<b>\$513.83</b>		

Your federal taxable wages this period are \$658.96

## Earnings Statement

Period Beginning: 10/22/2007  
 Period Ending: 10/29/2007  
 Pay Date: 11/02/2007

**CECIL MCGRANAHAN**  
**310 N RIVER RD**  
**MCHENRY IL 60051**



CO. FILE DEPT. CLOCK NUMBER 130  
 HD4 021021 034020 0051974865 1

THD AT-HOME SERVICES INC PAYROLL  
 3200 COBB GALLERIA PARKWAY SUITE 200  
 ATLANTA, GEORGIA 30339

## Earnings Statement



Period Beginning: 10/15/2007  
 Period Ending: 10/21/2007  
 Pay Date: 10/26/2007

CECIL MCGRANAHAN  
 310 N RIVER RD  
 MCHENRY IL 60051

Taxable Marital Status: Married  
 Exemptions/Allowances:  
 Federal: 4  
 IL: 0

Social Security Number: XXX-XX-8448

Earnings	rate	hours	this period	year to date
Regular	40.00			
Back Half Com			214.88	9,891.15
Excess Missec			-120.00	-390.00
Front1/2 Comm			1,126.44	9,038.32
Sc Incentive				808.97
<b>Gross Pay</b>			<b>\$1,221.32</b>	<b>19,348.44</b>

Deductions	Statutory		
Federal Income Tax	-106.13		1,379.05
Social Security Tax	-75.72		1,199.60
Medicare Tax	-17.71		280.55
IL State Income Tax	-36.64		580.47
Other			
Pt Vol Life	-4.62		
<b>Net Pay</b>		<b>\$980.50</b>	

Your federal taxable wages this period are  
 \$1,221.32

CO. FILE DEPT. CLOCK WORK NO. 130  
 HD4 021021 034020 0000410508 1

THD AT-HOME SERVICES INC PAYROLL  
 3200 COBB GALLERIA PARKWAY SUITE 200  
 ATLANTA, GEORGIA 30339

# Earnings Statement



Period Beginning: 10/01/2007  
 Period Ending: 10/07/2007  
 Pay Date: 10/12/2007

Taxable Marital Status: Married  
 Exemptions/Allowances:  
 Federal: 4  
 IL: 0

CECIL MCGRANAHAN  
 310 N RIVER RD  
 MCHEMRY IL 60051

Social Security Number: XXX-XX-8448

Earnings	rate	hours	this period	year to date
Regular	40.00			
Back Half Com				9,676.27
Excess Missec				-270.00
Front1/2 Comm				7,911.88
Sc Incentive				808.97
<b>Gross Pay</b>			<b>\$0.00</b>	18,127.12

Deductions	Statutory	
Federal Income Tax		1,272.92
Social Security Tax		1,123.88
Medicare Tax		262.84
IL State Income Tax		543.83
<b>Net Pay</b>		<b>\$0.00</b>

CO. FILE DEPT. CLOCK NUMBER 130  
**HD4** 021021 034020 0051938948 1

**THD AT-HOME SERVICES INC PAYROLL**  
**3200 COBB GALLERIA PARKWAY SUITE 200**  
**ATLANTA, GEORGIA 30339**

## Earnings Statement



Period Beginning: 09/24/2007  
 Period Ending: 09/30/2007  
 Pay Date: 10/05/2007

Taxable Marital Status: Married  
 Exemptions/Allowances:  
 Federal: 4  
 IL: 0

**CECIL MCGRANAHAN**  
**310 N RIVER RD**  
**MCHENRY IL 60051**

Social Security Number: XXX-XX-9448

<b>Earnings</b>			
	rate	hours	this period
Regular	40.00		
Front1/2 Comm			337.56
Back Half Com			
Excess Missec			
Sc Incentive			
			7,911.88
			9,676.27
			-270.00
			808.97
			18,127.12
<b>Gross Pay</b>			<b>\$337.56</b>

<b>Deductions</b>			
	Statutory		year to date
Social Security Tax	-20.93		1,123.88
Medicare Tax	-4.89		262.84
IL State Income Tax	-10.13		543.83
Federal Income Tax			1,272.92

<b>Other</b>			
Pt Vol Life			-1.54
<b>Net Pay</b>			<b>\$300.07</b>

Your federal taxable wages this period are \$337.56

Tracking Number: 100024950579  
 BAL DUE/OVER PYMT USING TP FIG PER COMPUTER: \$ -4,509.00  
 BAL DUE/OVER PYMT USING COMPUTER FIGURES: \$ -3,984.15  
 FORM 8888 TOTAL DEPOSIT PER COMPUTER: \$ 0.00

## Third Party Designee

THIRD PARTY DESIGNEE ID NUMBER:.....  
 AUTHORIZATION INDICATOR:.....0  
 THIRD PARTY DESIGNEE NAME:.....

## Schedule C--Profit or Loss From Business

EMPLOYER ID NUMBER:.....  
 DESCRIPTION OF BUSINESS/PROFESSION:.....  
 NAICS CODE:.....000000  
 ACCT MTHD:.....Cash  
 FIRST TIME SCHEDULE C FILED:.....N  
 STATUTORY EMPLOYEE IND:.....N

## INCOME

GROSS RECEIPTS OR SALES:.....\$ 9,533.00  
 RETURNS AND ALLOWANCES:.....\$ 0.00  
 COST OF GOODS SOLD:.....\$ 0.00  
 OTHER INCOME:.....\$ 0.00

## EXPENSES

CAR AND TRUCK EXPENSES:.....\$ 0.00  
 DEPRECIATION:.....\$ 0.00  
 INSURANCE (OTHER THAN HEALTH):.....\$ 0.00  
 MORTGAGE INTEREST:.....\$ 0.00  
 LEGAL AND PROFESSIONAL SERVICES:.....\$ 0.00  
 REPAIRS AND MAINTENANCE:.....\$ 0.00  
 TRAVEL:.....\$ 0.00  
 MEALS-AND-ENTERTAINMENT:.....\$ 0.00  
 WAGES:.....\$ 0.00  
 OTHER EXPENSES:.....\$ 0.00  
 TOTAL EXPENSES:.....\$ 0.00  
 EXP FOR BUSINESS USE OF HOME:.....\$ 0.00  
 SCH C NET PROFIT OR LOSS PER COMPUTER:.....\$ 9,533.00  
 AT RISK CD:.....  
 OFFICE EXPENSE AMOUNT:.....\$ 0.00  
 UTILITIES EXPENSE AMOUNT:.....\$ 0.00

## COST OF GOODS SOLD

INVENTORY AT BEGINNING OF YEAR:.....\$ 0.00  
 INVENTORY AT END OF YEAR:.....\$ 0.00

## Schedule SE--Self-Employment Tax

SSN OF SELF-EMPLOYED TAXPAYER:.....511-50-0348  
 NET FARM PROFIT/LOSS: SCH F:.....\$ 9,533.00  
 NET NONFARM PROFIT/LOSS:.....\$ 0.00  
 TOTAL SE INCOME:.....\$ 9,533.00  
 SE QUARTERS COVERED:.....4  
 TOTAL SE TAX PER COMPUTER:.....\$ 1,346.85  
 SE INCOME PER COMPUTER:.....\$ 8,803.00  
 TOTAL NET EARNINGS PER COMPUTER:.....\$ 8,803.00

## LONG FORM ONLY

TENTATIVE CHURCH EARNINGS:.....\$ 0.00  
 TOTAL SOC SEC & RR WAGES:.....\$ 0.00  
 SE SS TAX COMPUTER:.....\$ 1,091.57  
 SE MEDICAL INCOME PER COMPUTER:.....\$ 8,803.00  
 SE MEDICAL TAX PER COMPUTER:.....\$ 255.28  
 SE FARM OPTION METHOD USED:.....0  
 SE OPTIONAL METHOD INCOME:.....\$ 0.00

## Schedule EIC--Earned Income Credit

TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER:.....\$ 0.00  
 OTHER INCOME:.....\$ 0.00  
 SCHEDULE EIC SE INCOME PER COMPUTER:.....\$ 8,859.00  
 SCHEDULE EIC EARNED INCOME PER COMPUTER:.....\$ 19,110.00  
 SCH EIC DISQUALIFIED INC COMPUTER:.....\$ 55.00  
 TOTAL INCOME:.....\$ 19,964.00  
 TOTAL INCOME PER COMPUTER:.....\$ 19,964.00

## Adjustments to Income

EDUCATOR EXPENSES:.....\$ 0.00  
 EDUCATOR EXPENSES PER COMPUTER:.....\$ 0.00  
 RESERVIST AND OTHER BUSINESS EXPENSE:.....\$ 0.00  
 JURY DUTY PAY DEDUCTION:.....\$ 0.00  
 HEALTH SAVINGS ACCT DEDUCTION:.....\$ 0.00  
 HEALTH SAVINGS ACCT DEDUCTION PER COMPTER:.....\$ 0.00  
 MOVING EXPENSES: F3903:.....\$ 0.00  
 SELF EMPLOYMENT TAX DEDUCTION:.....\$ 674.00  
 SELF EMPLOYMENT TAX DEDUCTION PER COMPUTER:.....\$ 674.00  
 ROTH/SEP CONTRIBUTION DEDUCTION:.....\$ 0.00  
 SELF-EMP HEALTH INS DEDUCTION:.....\$ 0.00  
 EARLY WITHDRAWAL OF SAVINGS PENALTY:.....\$ 0.00  
 ALIMONY PAID SSN:.....\$ 0.00  
 ALIMONY PAID:.....\$ 0.00  
 IRA DEDUCTION:.....\$ 0.00  
 IRA DEDUCTION PER COMPUTER:.....\$ 0.00  
 STUDENT LOAN INTEREST DEDUCTION:.....\$ 0.00  
 STUDENT LOAN INTEREST DEDUCTION PER COMPUTER:.....\$ 0.00  
 TUITION AND FEES DEDUCTION:.....\$ 0.00  
 TUITION AND FEES DEDUCTION PER COMPUTER:.....\$ 0.00  
 DOMESTIC PRODUCTION ACTIVITIES DEDUCTION:.....\$ 0.00  
 OTHER ADJUSTMENTS:.....\$ 0.00  
 ARCHER MSA DEDUCTION:.....\$ 0.00  
 ARCHER MSA DEDUCTION PER COMPUTER:.....\$ 0.00  
 TOTAL ADJUSTMENTS:.....\$ 674.00  
 TOTAL ADJUSTMENTS PER COMPUTER:.....\$ 674.00  
 ADJUSTED GROSS INCOME:.....\$ 19,290.00  
 ADJUSTED GROSS INCOME PER COMPUTER:.....\$ 19,290.00

## Tax and Credits

65-OR-OVER:.....0  
 BLIND:.....0  
 SPOUSE 65-OR-OVER:.....0  
 SPOUSE BLIND:.....0  
 STANDARD DEDUCTION PER COMPUTER:.....\$ 10,300.00  
 ADDITIONAL STANDARD DEDUCTION PER COMPUTER:.....\$ 0.00  
 TAX TABLE INCOME PER COMPUTER:.....\$ 8,990.00  
 EXEMPTION AMOUNT PER COMPUTER:.....\$ 16,500.00  
 TAXABLE INCOME:.....\$ 0.00  
 TAXABLE INCOME PER COMPUTER:.....\$ 0.00  
 TOTAL POSITIVE INCOME PER COMPUTER:.....\$ 19,964.00  
 TENTATIVE TAX:.....\$ 0.00  
 TENTATIVE TAX PER COMPUTER:.....\$ 0.00  
 FORM 8814 ADDITIONAL TAX AMOUNT:.....\$ 0.00  
 TAX ON INCOME LESS SOC SEC INCOME PER COMPUTER:.....\$ 0.00  
 FORM 6251 ALTERNATIVE MINIMUM TAX:.....\$ 0.00  
 FORM 6251 ALTERNATIVE MINIMUM TAX PER COMPUTER:.....\$ 0.00  
 FOREIGN TAX CREDIT:.....\$ 0.00  
 FOREIGN TAX CREDIT PER COMPUTER:.....\$ 0.00  
 FOREIGN INCOME EXCLUSION PER COMPUTER:.....\$ 0.00  
 CHILD & DEPENDENT CARE CREDIT:.....\$ 0.00  
 CHILD & DEPENDENT CARE CREDIT PER COMPUTER:.....\$ 0.00  
 CREDIT FOR ELDERLY AND DISABLED:.....\$ 0.00  
 CREDIT FOR ELDERLY AND DISABLED PER COMPUTER:.....\$ 0.00  
 EDUCATION CREDIT:.....\$ 0.00  
 EDUCATION CREDIT PER COMPUTER:.....\$ 0.00  
 GROSS EDUCATION CREDIT PER COMPUTER:.....\$ 0.00  
 RETIREMENT SAVINGS CNTRB CREDIT:.....\$ 0.00  
 RETIREMENT SAVINGS CNTRB CREDIT PER COMPUTER:.....\$ 0.00  
 PRIM RET SAV CNTRB: F8880 LN6A:.....\$ 0.00

TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER:	\$ 0.00
OTHER INCOME:	\$ 0.00
SCHEDULE EIC SE INCOME PER COMPUTER:	\$ 8,859.00
SCHEDULE EIC EARNED INCOME PER COMPUTER:	\$ 19,110.00
SCH EIC DISQUALIFIED INC COMPUTER:	\$ 55.00
TOTAL INCOME:	\$ 19,964.00
TOTAL INCOME PER COMPUTER:	\$ 19,964.00

Adjustments to Income

EDUCATOR EXPENSES:	\$ 0.00
EDUCATOR EXPENSES PER COMPUTER:	\$ 0.00
RESERVIST AND OTHER BUSINESS EXPENSE:	\$ 0.00
JURY DUTY PAY DEDUCTION:	\$ 0.00
HEALTH SAVINGS ACCT DEDUCTION:	\$ 0.00
HEALTH SAVINGS ACCT DEDUCTION PER COMPTER:	\$ 0.00
MOVING EXPENSES: F3903:	\$ 0.00
SELF EMPLOYMENT TAX DEDUCTION:	\$ 674.00
SELF EMPLOYMENT TAX DEDUCTION PER COMPUTER:	\$ 674.00
KEOGH/SEP CONTRIBUTION DEDUCTION:	\$ 0.00
SELF-EMP HEALTH INS DEDUCTION:	\$ 0.00
EARLY WITHDRAWAL OF SAVINGS PENALTY:	\$ 0.00
ALIMONY PAID SSN:	\$ 0.00
ALIMONY PAID:	\$ 0.00
IRA DEDUCTION:	\$ 0.00
IRA DEDUCTION PER COMPUTER:	\$ 0.00
STUDENT LOAN INTEREST DEDUCTION:	\$ 0.00
STUDENT LOAN INTEREST DEDUCTION PER COMPUTER:	\$ 0.00
TUITION AND FEES DEDUCTION:	\$ 0.00
TUITION AND FEES DEDUCTION PER COMPUTER:	\$ 0.00
DOMESTIC PRODUCTION ACTIVITIES DEDUCTION:	\$ 0.00
OTHER ADJUSTMENTS:	\$ 0.00
ARCHER MSA DEDUCTION:	\$ 0.00
ARCHER MSA DEDUCTION PER COMPUTER:	\$ 0.00
TOTAL ADJUSTMENTS:	\$ 674.00
TOTAL ADJUSTMENTS PER COMPUTER:	\$ 674.00
ADJUSTED GROSS INCOME:	\$ 19,290.00
ADJUSTED GROSS INCOME PER COMPUTER:	\$ 19,290.00

Tax and Credits

65-OR-OVER:	0
BLIND:	0
SPOUSE 65-OR-OVER:	0
SPOUSE BLIND:	0
STANDARD DEDUCTION PER COMPUTER:	\$ 10,300.00
ADDITIONAL STANDARD DEDUCTION PER COMPUTER:	\$ 0.00
TAX TABLE INCOME PER COMPUTER:	\$ 8,990.00
EXEMPTION AMOUNT PER COMPUTER:	\$ 16,500.00
TAXABLE INCOME:	\$ 0.00
TAXABLE INCOME PER COMPUTER:	\$ 0.00
TOTAL POSITIVE INCOME PER COMPUTER:	\$ 19,964.00
TENTATIVE TAX:	\$ 0.00
TENTATIVE TAX PER COMPUTER:	\$ 0.00
FORM 8814 ADDITIONAL TAX AMOUNT:	\$ 0.00
TAX ON INCOME LESS SOC SEC INCOME PER COMPUTER:	\$ 0.00
FORM 6251 ALTERNATIVE MINIMUM TAX:	\$ 0.00
FORM 6251 ALTERNATIVE MINIMUM TAX PER COMPUTER:	\$ 0.00
FOREIGN TAX CREDIT:	\$ 0.00
FOREIGN TAX CREDIT PER COMPUTER:	\$ 0.00
FOREIGN INCOME EXCLUSION PER COMPUTER:	\$ 0.00
CHILD & DEPENDENT CARE CREDIT:	\$ 0.00
CHILD & DEPENDENT CARE CREDIT PER COMPUTER:	\$ 0.00
CREDIT FOR ELDERLY AND DISABLED:	\$ 0.00
CREDIT FOR ELDERLY AND DISABLED PER COMPUTER:	\$ 0.00
EDUCATION CREDIT:	\$ 0.00
EDUCATION CREDIT PER COMPUTER:	\$ 0.00
GROSS EDUCATION CREDIT PER COMPUTER:	\$ 0.00
RETIREMENT SAVINGS CNTRB CREDIT:	\$ 0.00
RETIREMENT SAVINGS CNTRB CREDIT PER COMPUTER:	\$ 0.00
PRIM RET SAV CNTRB: F8880 LN6A:	\$ 0.00

Tracking Number: 10002495057 Document Page 56 of 62  
 BAL DUE/OVER PYMT USING TP FIG PER COMPUTER:.....\$ -4,509.00  
 BAL DUE/OVER PYMT USING COMPUTER FIGURES:.....\$ -3,984.15  
 FORM 8888 TOTAL DEPOSIT PER COMPUTER:.....\$ 0.00

## Third Party Designee

THIRD PARTY DESIGNEE ID NUMBER:.....  
 AUTHORIZATION INDICATOR:.....0  
 THIRD PARTY DESIGNEE NAME:.....

## Schedule C--Profit or Loss From Business

EMPLOYER ID NUMBER:.....  
 DESCRIPTION OF BUSINESS/PROFESSION:.....  
 NAICS CODE:.....000000  
 ACCT MTHD:.....Cash  
 FIRST TIME SCHEDULE C FILED:.....N  
 STATUTORY EMPLOYEE IND:.....N

## INCOME

GROSS RECEIPTS OR SALES:.....\$ 9,533.00  
 RETURNS AND ALLOWANCES:.....\$ 0.00  
 COST OF GOODS SOLD:.....\$ 0.00  
 OTHER INCOME:.....\$ 0.00

## EXPENSES

CAR AND TRUCK EXPENSES:.....\$ 0.00  
 DEPRECIATION:.....\$ 0.00  
 INSURANCE (OTHER THAN HEALTH):.....\$ 0.00  
 MORTGAGE INTEREST:.....\$ 0.00  
 LEGAL AND PROFESSIONAL SERVICES:.....\$ 0.00  
 REPAIRS AND MAINTENANCE:.....\$ 0.00  
 TRAVEL:.....\$ 0.00  
 MEALS-AND-ENTERTAINMENT:.....\$ 0.00  
 WAGES:.....\$ 0.00  
 OTHER EXPENSES:.....\$ 0.00  
 TOTAL EXPENSES:.....\$ 0.00  
 EXP FOR BUSINESS USE OF HOME:.....\$ 0.00  
 SCH C NET PROFIT OR LOSS PER COMPUTER:.....\$ 9,533.00  
 AT RISK CD:.....  
 OFFICE EXPENSE AMOUNT:.....\$ 0.00  
 UTILITIES EXPENSE AMOUNT:.....\$ 0.00

## COST OF GOODS SOLD

INVENTORY AT BEGINNING OF YEAR:.....\$ 0.00  
 INVENTORY AT END OF YEAR:.....\$ 0.00

## Schedule SE--Self-Employment Tax

SSN OF SELF-EMPLOYED TAXPAYER:.....511-50-0348  
 NET FARM PROFIT/LOSS: SCH F:.....\$ 9,533.00  
 NET NONFARM PROFIT/LOSS:.....\$ 0.00  
 TOTAL SE INCOME:.....\$ 9,533.00  
 SE QUARTERS COVERED:.....4  
 TOTAL SE TAX PER COMPUTER:.....\$ 1,346.85  
 SE INCOME PER COMPUTER:.....\$ 8,803.00  
 TOTAL NET EARNINGS PER COMPUTER:.....\$ 8,803.00

## LONG FORM ONLY

TENTATIVE CHURCH EARNINGS:.....\$ 0.00  
 TOTAL SOC SEC & RR WAGES:.....\$ 0.00  
 SE SS TAX COMPUTER:.....\$ 1,091.57  
 SE MEDICAL INCOME PER COMPUTER:.....\$ 8,803.00  
 SE MEDICAL TAX PER COMPUTER:.....\$ 255.28  
 SE FARM OPTION METHOD USED:.....0  
 SE OPTIONAL METHOD INCOME:.....\$ 0.00

## Schedule EIC--Earned Income Credit







Attorney - Client Fee Agreement Ph: (312) 578-9530 Fax (312) 578-9524  
We are a debt relief agency. We help people file for bankruptcy relief under the Bankruptcy Code

## Payment Plan Details:

paid 325 ck # 4392  
nd 325 due back w/ petition  
rd 325 due w/in 30 days of filing

Attorney fees = \$676

Court Costs = \$299

Total Cost = \$975

Fees can be broken into 3 payments of \$325.00 The first two payments must be paid prior to the filing your case with the court. THE THIRD/FINAL PAYMENT IS DUE AT YOUR HEARING. Checks May be deposited electronically. Client agrees to pay reasonable attorney fees if collections become necessary. If client decides not to go forward at any point client will be billed \$300.00 per hour up to the amount paid.

Fees cover: Appointment with attorney, preparation of your case, representation of you at your First meeting of creditors, answering creditor calls and requests.

There is a separate fee for 2 mandatory credit classes payable directly to the agencies running the classes.

Fees do not cover: credit counseling fees. Additional litigation for adversaries or redemptions, amendments to add creditors, fees for filing motions, defense of any motions brought on behalf of a creditor or the trustee, conversion of the case. Representation on other matters or in courts other than bankruptcy court. There is a \$60.00 amendment fee to add creditors after your case is filed. If you miss your first hearing there is a \$100.00 fee for us to attend a rescheduled hearing. \$260.00 court costs to reopen for failure to take second class

Dischargeable debts: Credit Cards, Medical Bills, Utilities, Unsecured Judgments, Repossessions, Personal Loans, Payday Loans.

Nondischargeable debts: Child Support, Student Loans, Parking Tickets, Code Violations, Criminal Restitution, Debts required to be paid under a divorce decree. Debtors for overpayment of government benefits may or may not be discharged. Most taxes are not discharged. Joint account holders are still liable for debts. Credit Card Charges over \$500.00 in the last 90 days or Cash advances over \$750.00 in the last 70 days may not be discharged.

Secured Loans (House, Car, Furniture, Jewelry) You must CONTINUE TO MAKE PAYMENTS WHETHER OR NOT YOU RECEIVE STATEMENTS. If they do not accept phone or internet payments you must mail it in. If they do not send you a statement you still must make your payment by mail. You must maintain proper insurance for all vehicles.

If you are surrendering a car or house you are responsible for any tickets or code violations until ownership is transferred.

Payday loans/ Automatic Bank Deductions: You must stop payments on them with your bank or change your account number.

Utilities: If you bankrupt your utilities they will require a deposit and you are responsible for all future payments. If you bankrupt a phone or cell phone they will disconnect service.

Credit Reports: We will pull a credit report for you. However we do not guarantee the completeness or accuracy of the creditors listed on the credit reports. It is your responsibility to review the credit report and inform Gleason and Gleason of any bills or collectors you would like to add prior to filing. Gleason and Gleason and the US Bankruptcy Court are not affiliated with the credit bureau. FTC and Credit report regulations require you to dispute any inaccuracies directly with them as they will not respond to law firms or other 3<sup>rd</sup> parties.

IF YOUR CREDITORS CALL YOU TELL THEM YOU ARE FILING BANKRUPTCY WITH GLEASON AND GLEASON AND GIVE THEM OUR PHONE NUMBER. IF THEY SEND YOU A STATEMENT WRITE THIS ON IT AND MAIL IT BACK TO THEM. WHEN YOUR CASE IS FILED THE US BANKRUPTCY COURT WILL NOTIFY THEM VIA MAIL.

Clients agree they have received the following documents: Copy of retainer agreement, list of required items to file a case. List of household goods to be completed. Debtors duties as required by section 521 or what debtors need to provide. Notice required by section 527(a)(2), notice required by section 527 (b)

Client agrees to keep Gleason and Gleason updated with current address and phone information.

Client: Craig R. Franko Attorney: jm

Joint Client: Connie L. McManahan Date: 4/28/08

IN RE:

Case No. \_\_\_\_\_

**McGranahan, Cecil L & McGranahan, Connie K**

Chapter **7**

Debtor(s)

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$ **676.00**

Prior to the filing of this statement I have received ..... \$ **676.00**

Balance Due ..... \$ **0.00**

2. The source of the compensation paid to me was: ☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is: ☐ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
  - d. ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~
  - e. [Other provisions as needed]

6. By agreement with the debtor(s), the above disclosed fee does not include the following services:

**Litigation/Adversary Proceedings**  
**Motions to Redeem \$400.00**  
**Credit Education Fees**

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**August 13, 2008**

Date

**/s/ Troy L Gleason**

Signature of Attorney

**Gleason & Gleason**

Name of Law Firm

Certificate Number: 00437-ILN-CC-004430493

### **CERTIFICATE OF COUNSELING**

I CERTIFY that on July 14, 2008, at 9:47 o'clock AMMDT.

Connie McGranahan received from

Black Hills Children's Ranch, Inc.

an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the

Northern District of Illinois, an individual [or group] briefing that complied

with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet and telephone.

Date: July 14, 2008

By /s/Bruce Wiens

Name Bruce Wiens

Title Credit Counselor

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

Certificate Number: 00437-ILN-CC-004430456

### **CERTIFICATE OF COUNSELING**

I CERTIFY that on July 14, 2008, at 9:46 o'clock AM MDT,

Cecil McGranahan received from

Black Hills Children's Ranch, Inc.

an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the

Northern District of Illinois, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet and telephone.

Date: July 14, 2008

By /s/Bruce Wiens

Name Bruce Wiens

Title Credit Counselor

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

IN RE:

Case No. \_\_\_\_\_

McGranahan, Cecil L & McGranahan, Connie K

Chapter 7

Debtor(s)

**DECLARATION REGARDING ELECTRONIC FILING**

Signed by Debtor(s) or Corporate Representative  
**To Be Used When Filing over the Internet**

**PART I - DECLARATION OF PETITIONER**

Date: \_\_\_\_\_

A. To be completed in all cases.

I (We) Cecil L. McGranahan and Connie K. McGranahan, the undersigned debtor(s), corporate officer, partner, or member, hereby declare under penalty of perjury that the information I(we) have given my (our) attorney, including correct social security number(s) and the information provided in the electronically filed petition, statements, schedules, and if applicable, application to pay filing fee in installments, is true and correct. I(we) consent to my(our) attorney sending the petition, statements, schedules, and this DECLARATION to the United States Bankruptcy Court. I(we) understand that this DECLARATION must be filed with the Clerk in addition to the petition. I(we) understand that failure to file this DECLARATION will cause this case to be dismissed pursuant to 11 U.S.C. sections 707(a) and 105.

B. To be checked and applicable only if the petitioner is an individual (or individuals) whose debts are primarily consumer debts and who has (or have) chosen to file under chapter 7.

☒ I(we) am(are) aware that I(we) may proceed under chapter 7, 11, 12, or 13 of Title 11 United States Code; I(we) understand the relief available under each such chapter; I(we) choose to proceed under chapter 7; and I(we) request relief in accordance with chapter 7.

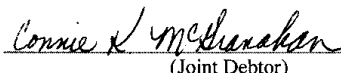
C. To be checked and applicable only if the petition is a corporation, partnership, or limited liability entity.

☐ I declare under penalty of perjury that the information provided in this petition is true and correct and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter specified in the petition.

Signature: \_\_\_\_\_

  
(Debtor or Corporate Officer, Partner or Member)

Signature: \_\_\_\_\_

  
(Joint Debtor)